



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

Department of Health and Social Services

Division of Health Care Services
Certificate of Need Program

350 Main Street, Room 510
P.O. Box 110660
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Main: 907.465.8616
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December 12, 2012

CERTIFIED MAIL RETURN RECEIPT REQUESTED #7007 0710 0000 1695 1756

Providence Health and Services Alaska
Attn: Gretchen Guess, Regional Director of Business Development
3760 Piper Street, Suite 3041
Anchorage, Alaska 99508

Dear Ms. Guess,

The Certificate of Need (CON) program has finished its review of your CON application, as outlined in 7 AAC 07.050, for construction of an ambulatory surgical facility in Wasilla Alaska.

The following information is requested prior to the department declaring your application as complete:

1. Pages 2 and 20 of the application packet asks that construction costs and equipment to be purchased must be certified cost estimates or can be documented by bid quotes from suppliers. Please provide certified cost estimates or bid quotes.
2. Page 51 of your application outlines acquisition costs and its net present value. Please provide calculations used to determine fair market value for the leased space.

As outlined in 7 AAC 07.050, you have up to 60 days, until February 11, 2013, to provide the department with the requested information.

Thank you for your attention to this matter.

Sincerely,

Karen Lawfer
CON Coordinator